Secrts. H-27—100,000—21-8-48.

Education and Publichealth (1948) Department.

Ms SERIES.

G.O. No. 3264

Dated 24th September 1949

[Despatch Abstract.]

ESTABLISHMENT - Medical - Local Fund Dispensaries - Leave vacancies - Appointment and maintenance of Reserve Staff Orders passed.

GOVERNMENT OF MADRAS
EDUCATION AND PUBLIC HEALTH DEPARTMENT
(PUBLIC HEALTH)
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G.O. No. 3264, 24th September 1948

Establishment - Medical - Local Fund Dispensaries - Leave Vacancies Appointment and maintenance of Reserve Staff - Orders passed.

READ --The following papers:-

G.O.No.4286, Public Health, dated 14th September 1940
G.O.No.5651, Public Health, dated 15th May 1943
From the Principal, Schools of Indian Medicine, dated 1st August 1946, No.15596/46, PL-1
From the Surgeon-General, dated 18th October 1946, No.58997-1 E-2
From the Special Officer for the Re-organization of the Department of Indian Medicine, dated 5th September 1947, No.1313
From the Surgeon-General, dated 25th November 1947 No.58997-3 M-2.
From the Special Officer for the Re-organisation of the Department of Indian Medinine, dated 3rd April 1948 No.1313 C-1/47.
From the Surgeon-General dated 4th May 1948, No. 58997-6 M-2.

ORDER:

In G.O.No.4286, Public Health, dated 14th September 1940 the Government ordered that a rural medical practitioner should not be appointed as a Medical Officer in a regular Local Fund Medical Institution, except in a permanent vacancy and that he should not be so appointed unless (1) he possessed the qualification prescribed for the post and his records were satisfactory; and (2) no stipendiary eligible under the rules for appointment in that vacancy was available. With regard to non-permanent vacancies, local boards were advised to maintain a reserve staff of one or two medical officers, selected from among the rural medical practitioners and to fill up the vacancies in the following order of preference:-

(1) Rural Medical Practitioners (reserve staff)
(2) Stipendiaries
(3) Outsiders

It was also laid down that the service of outsiders when appointed to non-permanent vacancies should not count for probation nor would give them any claim to a permanent vacancy. Subsequently in G.O.No.5654, Public Health, dated 15th May 1943, the Government ordered that the appointment of stipendiaries also to non-permanent vacancies would not confer on them any probationary rights nor give them any preferential claim for appointment to permanent vacancies. The Principal, School (now College) of Indian Medicine, while pointing out that many District Boards are not maintaining a reserve staff of rural medical practitioners, has raised the question whether there is any need for the maintenance of such a staff. The implications of the two Government orders mentioned above have evidently not been properly understood. The Government accordingly clarify the position, as follows:-

2. The object with which the rural medical relief scheme was inaugurated in 1924 was, that rural medical practitioners should settle down PERMANENTLY in villages for the treatment of the poor. Subsequently, however, the Government commended to local boards the the employment of rural medical practitioners as Medical Officers in regular local fund medical institutions (i) whenever the rural dispensaries they were in charge of, were converted into regular dispensaries (ii) in permanent vacancies and (iii) even in leave vacancies. Instances came to the notice of Government in which certain District Boards overlooked the claims of senior rural medical practitioners and appointed junior men to act as Sub-Assistar

Surgeons in local fund dispensaries. It was, in order to avoid such irregularities that the Government suggested in paragraph 2 of G.O.No.4286, Public Health, dated 14th Septemebr 1940, the maintenance of a reserve list of rural medical practitioners by the creation of one or two additional posts of Sub-Assistant Surgeons in each district. The normal channel of filling up these reserve posts should be by the selection of qualified rural medical practitioners, who have good record, in accordance with their seniority. These reserve posts will form additions to the establishments of Local Fund Medical Officers under the District Boards, The intention is, that the incumbents of these reserve posts should be appointed to vacancies, when such vacancies occur in local fund medical institutions. When there are no vacancies in regular institutions, these reserve medical officers will work as reserve hands in a local fund medical institution in the district and will not revert as rural medical practitioners. Consequently, there will not be any dislocation of work in the rural dispensaries, whenever short leave and other non-permanent vacancies in regular dispensaries arise. These reserve medical officers will have to be paid as regular medical officers even when they are on reserve duty and the expenditure on this account should be met by the District Boards concerned.

3. The Government, in this connection, understand that only three District Boards are at present maintaining a reserve staff of medical officers. In view of the desirability of maintaining a reserve staff, as explained in the foregoing paragraph the Government consider that one post of reserve medical officer should be created in each district for at least every ten posts of medical officers in the regular medical institutions maintained by them. A statement showing the number of reserve staff to be maintained by each District Board for dispensaries of Modern Medicine is appended to this order. The Special Officers of District Boards are accordingly advised to maintain a reserve staff of medical officers drawn from Rural Medical Practitioners in their districts and to submit necessary proposals to Government for the creation of additional posts in the cadre of local fund medical officers to make up this reserve staff.

4. In the case of District Boards in which the number of officers in regular local fund medical institutions is less than ten and for which consequently, no reserve staff need be maintained, temporary or officiating vacancies arising in the institutions may be filled up by District Board stipendiaries who are not already employed as rural medical practitioners or by outsiders, both appointments being on a temporary basis and without any claim for probation. In all cases, permanent vacancies should be filled up by stipendiaries and in their absence by qualified candidates from among the ranks of the qualified rural medical practitioners in the district strictly in accordance with their seniority and good record, as laid down in paragraph 1 of G.O.No.4286, P.H. dated 14th September 1940, provided there are no probationers or approved probationers for appointment or confirmation.

5. The rural medical practioners to be selected for appointment as Reserve Medical Officers and for permanent vacancies in district which need not maintain a reserve list should, in addition to possessing the prescribed qualifications, be within the age limit of 35 years. The Government now consider, that even if these candidates are not within the age limit, they should, as far as possible, be selected for appointment in preference to outsiders, provided they possess the other requisite qualifications and have a good record. For this purpose, the Special Officers, District Boards, are advised to adopt the following procedure:-

A seniority list of rural medical practitioners with reference to their dates of appointment in the district should be maintained by each District Board, the claims of the candidates named in ths list being considered for appointments

as Reserve Medical Officers and for permanent vacancies, strictly in accordance with seniority, age and other qualifications, If the seniormost candidate possesses the requisite qualifications and has a good record but is, however, over-aged, the District Board may addressthe Government for exempting him from the age rule. Proposals for age exemption need not be sent up if the Rural Medical Practitioner expresses in writing that he is not willing to have a change from his status as Rural Medical Practitioner. In case the District Board wants to prefer any candidate lower down in the list, it hsu should explain its reasons for such preference and should obtain the specific sanction of Government for the appointment of that candidate.

6. The procedure outlined in the foregoing paragraphs may be followed in the case of institutions of Indian Medicine a also.

(BY ORDER OF HIS EXCELLENCY THE GOVERNOR)

C. O. COOREY,
Joint Secretary to Government.

To the Special Officers of District Boards.
To the Surgeon-General with the Government of Madras.
To the Special Officer for the Re-organization of the Department of Indian Medicine.
To the Principal, College of Indian Medicine (through the Special Officer for the Re-organisation of the Department of Indian Medicine).
To the Accountant-General.
To the Examiner of Local Fund Accounts
To the Inspector of Municipal Councils and Local Boards.
To the Commissioner of Labour.
To the Public (Political) Department
To the Local Administration Department
To the Secretary, Madras Provincial Subsidized Rural Medical Practitioners' Association, No.147, Purasawalkam High Road, Vepery, Madras.

A P PE N D I X

STATEMENT COMPILED FROM THE ESTABLISHMENT LIST OF SUB-ASSISTANT SURGEONS CORRECTED UP TO 1st JANUARY 1947.

District.	Number of regular medical institutions (modern medicine)	Number of local fund medical officers.	Number of reserve medical officers recommended.
1	2.	3.	4.
1. Anantapur	10	11	1
2. North Arcot	12	15	2
3. South Arcot	16	17	2
4. Bellary	8	8	..
5. Chingleput	17	17	2
6. Chittoor	9	9	..
7. Coimbatore	20	21	2

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1.	2.	3.	4.
8. Cuddapah	6	6	..
9. East Godavari	20	22	2
10. West Godavari	6	6	..
11. Guntur	13	14	1
12. South Kanara	13	12	1
13. Kistna	11	11	1
14. Kurnool	16	17*	2
15. Madura	20	22	2
16. Malabar	22	21	2
17. Nellore	16	16	2
18. Nilgiris	4	4	..
19. Ramnad	27	34*	3
20. Salem	16	16	2
21. Tanjore	34	42	4
22. Tinnevelly	22	24	2
23. Trichinopoly	11	12	1
24. Vizagapatam	32	32	3

* including 1 reserve.
+ including 2 reserve.

/True Copy/

Superintendent,
MADRAS RECORD OFFICE.

6.8.